

Approved For Release 2002/05/02 : CIA RDP78-05077A00010080011-3
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OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	DC/PS	6 DEC 1972	J
2			
3	DC/PS		
4			
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6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	

Remarks:

I may be missing the info but I do not see anything here relating to any successors or improvements
Any comments?

6 DEC 1972

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.

DATE

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:		EXTENSION	NO.		
DC/PS/OMS				DATE	
TO: (Officer designation, room number, and building)		RECEIVED	FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1.	D/MS				
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30 November 1972

MEMORANDUM FOR: Director of Medical Services

SUBJECT: Reflections on the "Year End Report on Results of the First Formal Efforts on Alcoholism"

REFERENCE: Memo dated 27 Nov 1972 to D/OP and D/MS from Mr. Wattles

1. It is felt, personally, that a formal statistical report from PS would be misleading at this time. PS has continued to grapple with problems related to alcohol, attempting to shift its position as appropriate, particularly since the institution of the "Agency Alcohol Program."

2. Some crude figures are available relating to some OMS contacts with problem drinkers. To my knowledge there is no totally consistent way of registering those employees suspected of having drinking problems. Part of this failure relates to differing views held by OMS staff members.

STATOTHR

4. There are 10 employees on some type of official probation because of drinking. This figure is not broken down into the categories of administrative probation or conditional status. In one or two cases, the probation is more informal and has not been coordinated with OP/SAS although OMS has been kept informed.

SUBJECT: Reflections on the "Year End Report on Results of the First Formal Efforts on Alcoholism"

5. One man has been asked to resign and has done so.

6. There are 12 employees in whom PS has an active continuing clinical interest, although these employees are not on an official probationary status.

7. There are at least two cases in which information (in both of these cases the wife) has been relayed to PS about the alcoholism of the husband which has been unusable because the wife is not willing that she be cited as the source for this information.

8. There are at least 13 cases in which employees have come to OMS's attention either through isolated cable reports from overseas that mention a drinking episode or from CD disqualifications because of findings of liver disease. Beyond the OMS disqualification in some of these cases, no action is being taken in the absence of any positive reporting from the involved men's supervisors about effective job performance.

9. These crude data as listed above have come from PS clinical activities and observations during the time frame mentioned. They are not broken down into new or old cases. Neither are old cases included in these figures but they have not been reported during this time frame. Thus, it is doubtful that these figures as presented would be accurate if used comparatively with other time frames.

10. The past year under the Agency alcohol policy has been one of attempting to feel out useful approaches to the problem. There is a disparity of view among the various individuals inside and outside of OMS with regard to how the program actually works.

11. For instance, there was a shift in my thinking at least that with the alcohol program and the constructive coercion being defined as a responsibility of the supervisor and the Office of Personnel, OMS could then function in a more traditionally medical

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role of providing medical guidance and evaluation without needing also to function as a watchdog or supervisor.

12. Recently an article in Business Week on alcoholism and industry has been circulated and provides an additional guideline with which to compare the Agency program. There is a belief that the Agency program is patterned after the general program described in the Business Week article, and I do not believe that this is the case. The Business Week article describes the focus of the problem on the supervisor who braces the employee in direct relation to his time, attendance, and job efficiency. The employee at this point is threatened with job loss if his deficient performance is not corrected. The possibility of alcoholism is not the issue, although if alcoholism is a problem the supervisor can, in addition, make a referral. In contrast, the Agency supervisor may note job inefficiencies but will move ahead toward a diagnosis of alcoholism utilizing OP/SAS and OMS. The focus then seems to shift heavily to OP/SAS and OMS which tends to minimize the need of the employee to satisfy his supervisor's work requests.

13. Further, with the one exception of a man during the past year who did not have his qualifying five years, an Agency employee is not faced with job loss. He is counseled to retire medically. This counseling seems to be based on OP/SAS's position that alcoholism is a retireable disease. The employee is led to understand that retirement is his option. So in effect, the Agency is underwriting the alcoholic's habit to the extent of 40% of his base pay rather than providing the constructive coercion of correcting his performance or job loss.

14. In a further mulling of this situation, it seems doubtful that the Agency can actually suspend an employee for a period of time for job inefficiency. But in the future this with other ideas needs to be seriously considered and worked out. Otherwise there is my belief that we will assume that there is an alcohol rehabilitation program within the Agency that actually misses the point.

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